



Trends in Newly Diagnosed HIV/AIDS Cases, Montana

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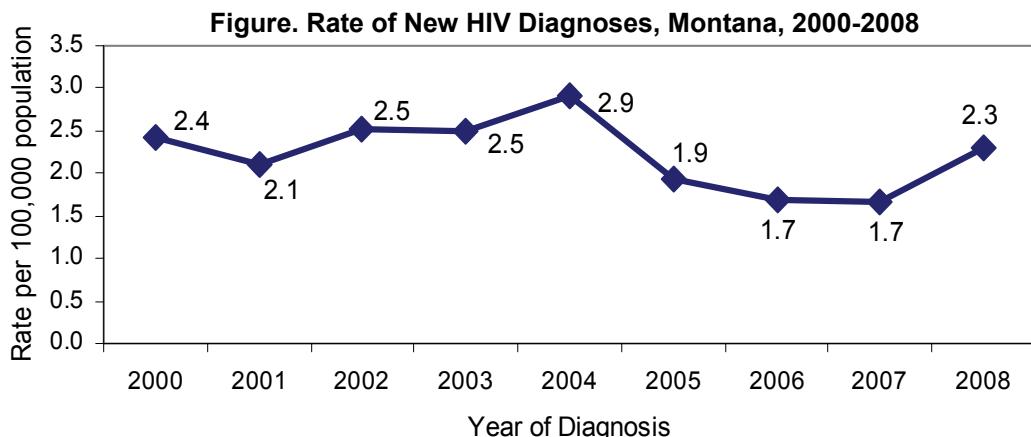


Table 1 . Comparison of Newly Diagnosed HIV Cases by Selected Characteristics, Montana, 2000-2008

Characteristic	2000-2004	2005-2007	2008
Number of Newly Diagnosed HIV Cases	Average 23/year	Average 17/year	22
Average Age at Diagnosis	37	39	37
Percent Male	83	92	73
Percent Reporting Race Other Than White	11	10	18
Percent of Modes of Exposure Reported			
-Men Having Sex With Men (MSM)	49	62	50
-Injection Drug Use (IDU)	9	2	5
-MSM/IDU	8	6	0
-High Risk Heterosexual Sex (HRH)	13	12	27
-Risk Not Specified (RNS)	21	18	18
Percent Receiving AIDS Diagnosis < 1 year after HIV Diagnosis	35	50	41*
Percent of New Diagnoses that Occurred in the 7 Most Populated Counties**	68	76	82

*Not complete until December 31, 2009

**Yellowstone, Missoula, Gallatin, Flathead, Cascade, Lewis & Clark, Ravalli

Table 2. Number of HIV Tests Reported to the Montana State Public Health Lab and the Percent of These That Were Positive, by Year and Sex, 2004-2008

Year Test Performed	Male		Female		Total***	
	Number	% Positive	Number	% Positive	Number	% Positive
2004	2215	0.7	3803	0.2	6022	0.4
2005	2171	0.8	3267	0.4	5451	0.8
2006	1507	1.2	2354	0.4	3876	0.8
2007	1195	1.8	2348	0.5	3570	0.9
2008	989	1.7	2104	0.4	3149	0.8

***Total includes tests that had no sex reported

From 2000-2004 the rate of new HIV diagnoses in Montana was greater than 2 per 100,000 population. From 2005-2007 the rate decreased to less than 2 cases per 100,000 population, but exceeded 2 cases per 100,000 population again in 2008 (Figure). This summary describes the characteristics of cases reported in these three time periods.

Table 1 shows that while the majority of new cases in Montana has been among men who have sex with men (MSM), the proportion of new cases among women and persons reporting high risk heterosexual sex (HRH) was greater in 2008 than in the other time periods. The proportion of newly diagnosed cases reported to be living in one of the seven largest counties at the time of diagnosis has increased, but 20-30% of new diagnoses lived in rural counties.

Changes in HIV testing patterns could account for differences in case characteristics during these time periods as the number of confirmatory tests being

conducted has been decreasing, most likely due to the increased use of rapid tests. About 1.5-2 times as many confirmatory tests have been done for women as for men since 2004. However, the percent of confirmatory tests submitted and found to be positive has been increasing for men, although this percent has remained stable for women which may be a sign of less targeted testing for women (Table 2). Testing for HIV should continue for women even if heterosexual sex is the only potential mode of exposure and screening for men who report having sex with other men should be maintained.